

DEPARTMENT OF HEALTH
TOWN HALL, 2 RENSRAW ROAD
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SOIL TEST PERMIT

DATE _____

NUMBER _____

PROPERTY OWNER _____

SITE _____

Permission is hereby granted to _____ for the following:

Current septic license submitted: ☐

Soil Tests:

☐ New Septic

☐ Repair

☐ B100a

☐ Public Water

☐ Well

☐ Pool

FEE _____

Director of Environmental Health

Note: Current State of CT septic license must be submitted at time of permit Issuance.